FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jun 10, 2002 8:00 am **Secretary of State** DOCUMENT # L0100006681 04-30-2002 90016 003 \*\*\*\*50.00 1. Entity Name LASER, L.L.C. Principal Place of Business Mailing Address 2601 SOUTH TAMIAMI TRAIL 2601 SOUTH TAMIAMI TRAIL SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address 1360 E. Venice Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1100160 VENICE Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 34292 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama = SHOEMAKER, DAVID W M.D. Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH TAMIAMI TRAIL SARASOTA FL 34239 City Zip Code e purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Defete TITLE ☐ Addition (9/01 ☐ Change NAME SHOEMAKER, DAVID W. NAME CR2E083 STREET ADDRESS 1360 E. VENICE AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - - Deleta TITLE ☐ Change - · ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delate TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLĚ ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the received or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #